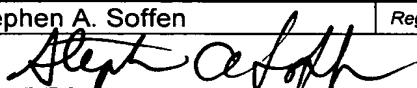


21861 U.S. PTO

Please type a plus sign (+) inside this box PTO/SB/05 (03-01)  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>A8130.0088/088-B</b>			
		First Inventor <b>Jeffery M. Whelan</b>			
		Title	<b>METHOD OF LOADING TENDONS INTO THE KNEE</b>		
		Express Mail Label No.			
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: <b>Box Patent Application Commissioner for Patents Washington, DC 20231</b>			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	<b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>				
3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>13</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)				
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>8</b>]</span>	b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper				
5. Oath or Declaration <span style="float: right;">[Total Pages <b>1</b>]</span> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>	c. <input type="checkbox"/> Statements verifying identity of above copies				
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>10/355,287</b> Prior application information: Examiner <b>David O. Reip</b> Group / Art Unit: <b>3731</b> <b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label				<b>24998</b> or <input checked="" type="checkbox"/> Correspondence address below	
Name	<b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP Stephen A. Soffen</b>				
Address	<b>2101 L Street NW</b>				
City	<b>Washington</b>	State	<b>DC</b>		
Country	<b>US</b>	Zip Code	<b>20037-1526</b>		
	Telephone	<b>(202) 785-9700</b>	Fax <b>(202) 887-0689</b>		
Name (Print/Type)	<b>Stephen A. Soffen</b>		Registration No. (Attorney/Agent) <b>31,063</b>		
Signature			Date <b>April 15, 2004</b>		

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	Not Yet Assigned
		Filing Date	Concurrently Herewith
		First Named Inventor	Jeffery M. Whelan
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
		Attorney Docket No.	A8130.0088/P088-B
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		385.00	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">04-1073</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Dickstein Shapiro Morin &amp; Oshinsky LLP</span> The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Stephen A. Soffen	Registration No. (Attorney/Agent)	31,063
Signature		Telephone	(202) 828-4879
		Date	April 15, 2004